**Return Material Authorization (RMA) Form 01/06/2022**

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| **Sender information** |
| Company Name |  |
| Address |  |
| City/State/Zip |  |
| Contact person |  |
| Contact Phone Number |  | EXT: |  |
| E-Mail  |  |
| **Product information** |
| Model or part number:  | Qty:   | Serial #’s: |
| Calibration Cycle ( 3 months, 6 months, 12 months, etc.) | Months |
| Reason for return (description of failure):  |
| **Shipping instructions for return shipping:** (our preferred shipper is UPS. If you wish SOTAX to prepay for shipping and add it to the invoice, UPS is the company that will be used)Return shipping company (i.e. – UPS, FedEx, etc.):Shipping Method (i.e. – ground, 2nd day, overnight, etc.): Insurance Required? [ ] Yes [ ] No If yes, amount?:Provide account # for collect shipping: |
| **Safe Handling of part being returned** |
| Is the unit or part contaminated with a dangerous or hazardous substances? [ ] Yes [ ] No If yes, please describe how the unit was decontaminated including all relevant MSDS sheets: **Note: SOTAX will not accept any units/parts which have been contaminated with hazardous substances and not thoroughly cleaned and decontaminated.**Date / Signature:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| Please include a copy of this paperwork **inside** of the box with the unit and send the unit to the following address:  | RMA#: MUA- SOTAX Corporation2400 Computer DriveWestborough, MA 01581 |   |